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ABSTRACT

Medical problems of older Americans are described, based on the types of illnesses and their frequency among the elderly. Those 65 years of age and older are defined as elderly, placing 20 million of the 203 million Americans in this category (1970 census). The major causes of chronic conditions in the elderly and the percent of those 65-74 years of age who are affected are stated as: heart disease (40 percent), rheumatoid arthritis (9 percent), and hypertension (38 percent). The findings of a study on degrees of activity limitation of the elderly are reported, indicating that, of those with a chronic condition, 85.6 percent have some degree of mobility. Tabulated statistics demonstrate that financial resources do not prevent contraction of a chronic disorder. The factors contributing to deficient quality of medical care are outlined, including unnecessary operations and drugs and failure of physicians to update their knowledge. The rising costs of medical care as a problem for the elderly and their high hospital utilization rate are discussed. The article concludes with some observations on possible ways to bring about needed improvement in health care for American elderly and other age groups. (MS)

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BY

HAROLD M. GOLDSTEIN

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N. 4 Aprile, 1973 Anno 2 - nuova edizione

ROMA

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Center for Medical Manpower Studies
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In order to grasp the magnitude of the medical problems of older Americans, one must be aware of the types of illness and their frequency among the elderly. Initially, the total number of elderly persons in the United States must be defined before a clear understanding of the problems and issues related to the health care of the elderly is reached. Table I breaks down the population in the United States by age and sex for the years 1960 and 1970. In determining who should be included in the category designated as aged, arguments will certainly arise, in view of the fact that the cut-off point in each society and for each individual varies enormlusly. Some persons in their fifties consider themselves or are considered by others as aged. At the other extreme, there are substantial numbers of persons working full work weeks at age 80. One could easily devote volumes to this issue alone. However, the figures speak for themselves.

If one classifies those persons 65 years of age and older as elderly then, of the 203 million persons in the United States, according to the 1970 Census, 20 million (9.2 percent) are elderly. Since women generally live longer than men, women over 65 comprised 11.2 percent of the total female population while men over age 65 represented 9.2 percent of the total male population.

Heart Disease, arthritis and hypertension by far account for the major causes of chronic conditions in the elderly, causing various degrees of limitation and restriction of activity. The figures shown in Table II

*English translation of "Problemi Sanitori delle persone anziane negli Stati Uniti," L'ONPI, rivista mensile dell'Opera Nazionale Pensionati d'Italia, Roma, Spring, 1973.

TABLE I

Population in the United States by Age and Sex, 1960 and 1970.(In thousands, except as indicated. Total resident population, excluding Armed Forces abroad.)

AGE	POPULATION						PERCENT DISTRIBUTION					
	1960			1970			1960			1970		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
TOTAL	179,323	88,331	90,992	203,166	98,882	104,284	100.0	100.0	100.0	100.0	100.0	100.0
UNDER 5	20,321	10,330	9,991	17,167	8,745	8,422	11.3	11.7	11.0	8.4	8.8	8.1
5-13	32,726	16,640	16,087	36,647	18,670	17,976	18.2	18.8	17.7	18.0	18.9	17.2
14-17	11,155	5,646	5,508	15,839	8,063	7,777	6.2	6.4	6.1	7.8	8.2	7.5
18-20	6,998	3,443	3,555	10,815	5,337	5,479	3.9	3.9	3.9	5.3	5.4	5.3
21-24	8,607	4,205	4,401	12,882	6,240	6,642	4.8	4.8	4.8	6.3	6.3	6.4
25-34	22,818	11,179	11,639	24,908	12,217	12,691	12.7	12.7	12.8	12.3	12.4	12.2
35-44	24,081	11,756	12,326	23,072	11,223	11,849	13.4	13.3	13.5	11.4	11.3	11.4
45-54	20,485	10,093	10,393	23,203	11,191	12,012	11.4	11.4	11.4	11.4	11.3	11.5
55-64	15,572	7,536	8,036	18,582	8,789	9,793	8.7	8.5	8.8	9.1	8.9	9.4
65-74	10, 997	5,116	5,881	12,425	5,431	6,993	6.1	5.8	6.5	6.1	5.5	6.7
75 and over	5,562	2,387	3,176	7,625	2,977	4,648	3.1	2.7	3.5	3.8	3.0	4.5
18 and over	115,121	55,716	59,406	133,513	63,404	70,108	64.2	63.1	65.3	65.7	64.1	67.2
21 and over	108,124	52,273	55,851	122,697	58,068	64,630	60.3	59.2	61.4	60.4	58.7	62.0
Median Age	29.5	28.7	30.3	28.3	27.0	29.6						

Source: Department of Commerce, Bureau of the Census: Current Population Reports, Series P-25, forthcoming report.

strongly suggest a correlation between the elderly and these chronic conditions. Almost 40 percent of all persons between the ages of 65 and 74 have some sort of heart ailment. Over 9 percent of this age category have contracted rheumatoid arthritis. Finally, over 38 percent of this age group have some form of definite hypertension. In the age group from 75 to 79, the percentages are somewhat higher; however, the number of persons in this grouping are significantly smaller. Overall, there is a highly significant correlation between age and these ailments among both men and women.

A study conducted by the National Center for Health Statistics[1] during the years 1965 and 1967 indicated that 85.6 percent of the elderly -- have no limitation of activity; 6.5 percent had some limitation, but not in major activity; 25.7 percent had limitation in amount or kind of activity; and 13.8 percent were unable to carry on major activity. Limitation of activity refers here not only to the major activity of the person (the ability to work, keep house, or engage in school activities) but also to other activities, such as participation in recreational, civic or church activities.

The mobility of this 85.6 percent of the elderly with a "chronic condition" also varies considerable. Of the total, 66.9 percent have no limitation on mobility; 7.7 percent have difficulty getting around alone; 6.3 percent require assistance in getting around; and 4.8 percent are confined to the house.

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1. "Chronic Conditions and Limitations of Activity and Mobility", Vital Health Statistics, Series 10, Number 61, U. S. Department of Health, Education and Welfare, Rockville, MD, January 1971.

HEART DISEASE, ARTHRITIS, AND HYPERTENSION IN ADULTS: 1960-62
(In thousands of persons except as indicated. Excludes Alaska and Hawaii. Prevalance data based on direct examinations of probability sample of civilian noninstitutional adult population 18-79 years of age.)

DIAGNOSIS BY SEX	TOTAL	AGE GROUP (in years)						
		18-24	25-34	35-44	45-54	55-64	65-74	75-79
Heart disease, total[1]	14,621	176	507	1,578	2,679	3,982	4,479	1,220
Male	6,651	94	284	828	1,362	1,848	1,677	558
Female	7,970	82	223	750	1,317	2,134	2,802	662
Percent of adults	13.2	1.2	2.4	6.7	13.2	25.3	39.9	42.3
Male	12.6	1.4	2.9	7.4	13.8	24.2	33.2	38.8
Female	13.7	1.1	2.0	6.1	12.5	26.2	45.2	45.8
Hypertensive Heart Disease	10,499	44	280	1,103	1,969	2,805	3,384	913
Male	4,050	28	147	587	971	1,025	941	351
Female	6,449	15	134	516	998	1,780	2,443	562
Percent of adults	9.5	0.3	1.3	4.7	9.6	17.9	30.3	31.8
Male	7.7	0.4	1.4	5.2	9.7	13.6	18.9	24.6
Female	11.1	0.2	1.2	4.2	9.5	21.9	39.5	39.0
Coronary heart disease	3,125	-	60	177	517	1,111	1,064	195
Male	1,945	-	42	120	352	726	575	130
Female	1,180	-	19	57	165	384	489	64
Percent of adults	2.8	-	0.3	0.7	2.5	7.1	9.5	6.8
Male	3.7	-	0.4	1.1	3.5	9.7	11.6	9.1
Female	2.0	-	0.2	0.5	1.6	4.7	7.9	4.5
Rheumatoid Arthritis	3,591	39	71	314	613	988	1,026	540
Male	895	16	-	61	149	315	152	202
Female	2,696	23	71	253	464	673	874	338
Rate per 100 adults	3.2	0.3	0.3	1.3	3.0	6.3	9.2	18.8
Male	1.7	0.2	-	0.5	1.5	4.2	3.1	14.1
Female	4.6	0.3	0.6	2.1	4.4	8.3	14.1	23.5
Osteoarthritis	40,481	646	2,093	5,842	5,590	10,848	9,013	2,449
Male	19,721	512	1,400	3,426	4,712	4,747	3,770	1,154
Female	20,760	134	693	2,416	4,878	6,101	5,243	1,295
Rate per 100 adults	37.4	4.1	9.7	24.7	46.6	69.4	80.7	85.4
Male	37.4	7.2	13.6	30.2	47.0	63.2	75.8	80.9
Female	37.3	1.6	6.2	19.6	46.3	75.2	84.7	89.8

TABLE II continued.

DIAGNOSIS BY SEX	TOTAL	AGE GROUP (in years)						
		18-24	25-34	35-44	45-54	55-64	65-74	75-79
Hypertension, definite	17,008	219	840	3,578	2,754	4,207	4,297	1,114
Male	7,462	121	489	1,535	1,833	1,674	1,347	463
Female	9,547	98	352	1,044	1,921	2,532	2,949	651
Percent of adults	15.3	1.4	3.9	10.9	18.2	26.9	38.5	38.8
Male	14.1	1.7	4.8	13.5	18.3	22.3	27.1	32.4
Female	16.4	1.2	3.1	8.5	18.2	31.2	47.6	45.1

- Represents zero. [1]Includes persons with other types of heart disease not shown separately.

Source: Department of Health, Education, and Welfare, Public Health Service; Vital and Health Statistics, Series 11-Nos. 6,10,13,15, and 17.

To what extent does high family income protect the elderly from experiencing these "chronic conditions"? Table III, which ranks the sampling according to family income, indicates that higher family income does not necessarily offer the protection that might be expected.

One can only conclude from these statistics that the financial resources of the more affluent senior citizens cannot prevent the contraction of a chronic disorder. It is possible, however, that the medical attention received by advantaged older Americans could be more intensive and superior.

Over the last twenty years many studies have attempted to evaluate the quality of medical care in the United States. By and large, these studies present a rather dismal picture of the quality of medical care received by rich, poor, young and older Americans alike.

An examination of the records of the Kansas Blue Cross Association showed that the level of effective operations for the removal of tonsils, hemorrhoids, varicose veins, as well as hernia repair in all hospitals in eleven regions of the state, supported a medical variation of "Parkinson"s Law: Patient admissions for surgery expand to fill beds, operating suites and surgeons' time".[2]

In another study, the records of 246 hysterectomies performed in three states at ten hospitals were examined. Findings revealed that about 33 percent of all patients operated upon either had no disease of the organs removed or else another disease was found which indicated the

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2. C. E. Lewis, "Variations in Incidence of Surgery", New England Journal of Medicine, October 16, 1969.

TABLE III Percent distribution of persons by chronic condition and activity limitation status, according to family income and age: United States July 1965-June 1967
(Data are based on household interviews of the civilian, noninstitutional population).

Family income and age	Total population	Persons with no chronic conditions	Persons with 1 chronic condition or more
All Incomes[2]		Percent Distribution	
All ages	100.0	50.5	49.5
Under 45 years	100.0	61.5	38.5
45-64 years	100.0	28.9	71.1
65+ years	100.0	14.4	85.6
Under $3,000			
All ages	100.0	38.9	61.1
Under 45 years	100.0	61.2	38.8
45-64 years	100.0	19.7	80.3
65+ years	100.0	11.5	88.5
$3,000-$4,999			
All ages	100.0	51.3	48.7
Under 45 years	100.0	64.1	35.9
45-64 years	100.0	26.3	73.7
65+ years	100.0	14.8	85.2
$5,000-$6,999			
All ages	100.0	54.5	45.5
Under 45 years	100.0	62.7	37.3
45-64 years	100.0	30.7	69.3
65+ years	100.0	16.3	83.7
$7,000-$9,999			
All ages	100.0	53.2	46.8
Under 45 years	100.0	60.1	39.9
45-64 years	100.0	30.3	69.7
65+ years	100.0	17.5	82.5
$10,000-$14,999			
All ages	100.0	51.6	48.4
Under 45 years	100.0	58.9	41.1
45-64 years	100.0	30.8	69.2
65+ years	100.0	16.2	83.8
$15,000 +			
All ages	100.0	50.0	50.0
Under 45 years	100.0	59.4	40.6
45-64 years	100.0	32.3	67.7
65+ years	100.0	17.1	82.9

[1]Major activity refers to ability to work, keep house, or engage in school or pre-school activities.
[2]Includes unknown income.

hysterectomy operation useless or harmful.[3] Dr. John H. Knowles, a leading medical authority, now President of the Rockefeller Foundation, faced censure by his fellow physicians when he pointed out that "30 to 40 percent (of American doctors) are making a killing in their practice of medicine through incredible amounts of unnecessary surgery."[4]

The quality of medical services performed by physicians can also be judged from a study of 159 physicians and approximately 1000 of their 100,000 prescriptions. "Despite the author's lenient criteria for therapeutic acceptability, 37 percent of the prescriptions examined were found to be nonacceptable. The study also revealed that 44 percent of all prescriptions written by private practitioners in their offices were non-acceptable, while only 16 percent of the prescriptions written by physicians in hospitals were nonacceptable."[5]

Furthermore, the quality of medical care rendered is deficient not only because of unnecessary operations and drugs, but also because many practicing physicians fail to keep abreast, on a continuous basis, of new developments and techniques in medicine. Studies have shown that at least half of all general practitioners seldom, if ever, participate in medical updating programs. In view of the rapid growth of medical information, a physician can easily become outdated after the first few years of practice.[6]

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3. N. F. Miller, "Hysterectomy: Therapeutic Necessity or Surgical Racket?" American Journal of Obstetrics and Gynecology, LI (1946), 804-10.

4. The New York Times, June 5, 1972.

5. Robert S. McCleary, One Life--One Physician, (Washington, D.C.: Public Affairs Press, 1971), pp. 21-22.

6. Ibid., pp. 60-61.

One can only assume that there are many persons in the United States who receive borderline madical care. Further, those who are serviced by physicians and the medical establishment are not all fortunate enough to receive acceptable medical care. Apparently the rich can receive unacceptable medical care almost as easily as the poor.

All statistical studies carried on in the United States indicate that as a person or head of a household passes the age of 65, the ability to earn income is severely limited; yet, at the same time, the need for and expenses for medical services increases sharply.

The cost of medical services in the Untied States increases yearly at a substantial rate. In 1969, total health care expenditures amounted to $67 billion which was approximately seven percent of the gross national product, a larger percentage than ever before and the trend is toward further increases over the next decade.

Some of the reasons for the runaway rise of health care costs are more obvious than others. Wage increases, expansion of medical insurance programs, relative shortages of physicians, implementation of new technology, and high profits of pharmaceutical companies have all had their place in the spectacular price increase of medical services.

On July 1, 1966, Medicare was signed into law. Many physicians and health care administrators expected that because there would be such an increase in the demand for health care services by the elderly, the already overextended system would collapse. Despite the prediction that the so-called "free health services" would lead to abuses, the deluge never occurred and the hospital utilization rate of those over 65 increased only slightly.

Prior to the enactment of the Medicare Law, the elderly were already using hospital facilities more than other age groups. For example, between July 1962 and June 1964, the elderly, who comprised approximately nine percent of the population, accounted for fifteen percent of all admissions and twenty-five percent of all hospital days--the result of a longer average length of stay than other age groups. The Medicare population was already using two and one-half times the number of hospital days as others in the population and estimates indicate that after the passage of Medicare, their utilization rate rose by only 5%.

What is presented here is certainly not a complimentary picture of health care for the American elderly. Furthermore, when the United States is compared with many other countries in caring for the aged, the comparison indicates the degree to which the American system of health care falls short. High and increasing costs of medical care deprive a large segment of our population, particularly the elderly, of adequate care. Perhaps, this explains why "health" in the United States is in a more precarious condition than in many other countries. In spite of a significant growth in health care expenditures (7.1% of the GNP in 1970), the nation's health care, consequently the nation's health, has continued to worsen. This relative worsening of the nation's health is obvious from a comparison of death and infant mortality rates.

In the United States for the last 15 years, the crude death rate has remained at about 9.5 per 1,000. In 1968, of the 70 countries listing crude death rates, 44 countries had lower rates than the United States.

It should be obvious that a great deal of improvement within the nation's health care system is needed so that the elderly as well as all segments of American society may benefit. Good health care must become a right available through a vastly improved health care delivery system. The need for change is imperative. Possible avenues for reform and ultimate improvement exist in the following areas: modification and improvement of the training of physicians, including quality control and peer review; regionalization of the health care system; the encouragement of group practice; and improved utilization of allied health manpower. The goals are long-term, but the steps already being undertaken in these areas are having immediate positive effects.